

Recording Requested by:

and when recorded, mail to

Exempt recording per Govt. Code 6103

CERTIFICATE OF CORRECTION NO. _____
TRACT/PARCEL MAP NO. _____

Recorded in Parcel Map Book _____, Pages _____ to _____, in the Office of the
County Recorder, County of San Bernardino, State of California.

DESCRIPTION OF CHANGES MADE

The correction to be made appears on Sheet _____ of _____ sheets and should be
modified as follows:

The fee owners, at the time of original recordation, of property affected by this certificate are as
follows:

L. S. Number _____

Expiration _____

COUNTY SURVEYOR'S CERTIFICATE

I hereby certify that I have examined this certificate of correction, and that the only changes thereon
from the original map (recorded in Parcel Map Book _____, Pages _____ to _____) are
provided for in Section 66469 of the Subdivision Map Act, and I am satisfied that this certificate of
correction is technically correct.

MICHAEL W. RAIHLE, COUNTY SURVEYOR
COUNTY OF SAN BERNARDINO, CALIFORNIA

By: _____, Deputy
Dated _____